

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

SERIAL NO.

FILING DATE

APPLICANT(S)

10/554136

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL IND.

1



TOTAL DEP.

25



TOTAL CLAIMS

26



CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

